



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2006
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated/Organized	12/03/1981		Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE			Grand Rapids, MI 49546		
		(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	829 Forest Hills Ave					
		(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	829 Forest Hills Ave SE			Grand Rapids, MI 49546		
		(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	829 Forest Hills Ave					
		(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410-122			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	gvhp.com					
Statutory Statement Contact	Pamela Lea Silva			616-949-2410-122		
		(Name)		(Area Code) (Telephone Number) (Extension)		
	silvap@gvhp.com			616-949-9948		
		(E-mail Address)		(FAX Number)		
Policyowner Relations Contact	829 Forest Hills Ave SE					
		(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Roland E Palmer	President	Thomas W Schouten	Treasurer/Secretary
Pamela L Silva	Director of Operations		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Roland E Palmer	Thomas W Schouten	James T Kerby	Lucille I Grimm
Carole Nugent	Pamela L Silva	Margaret Sudekum	Herbert A Start
Kathy L Lentz			

State ofMichigan.....
County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer President	Thomas W Schouten Treasurer/Secretary	Pamela L Silva Director of Operations
Subscribed and sworn to before me this 27 day of February, 2007		a. Is this an original filing? Yes [X] No [] b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached
Ruth Ann Klinger Notary May 8, 2008		

$\frac{1}{\infty}$ $\frac{1}{\infty}$ $\frac{1}{\infty}$

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

20

20

20

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals	0	xxx	xxx	xxx
----------------	---	-----	-----	-----

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,135,117		1,118,331		16,786	
2. Medical furniture, equipment and fixtures	1,536,139		1,461,110			75,029
3. Pharmaceuticals and surgical supplies	355,583					355,583
4. Durable medical equipment						
5. Other property and equipment	561,629		412,637			148,992
6. Total	3,588,468	0	2,992,078	0	16,786	579,604



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2006							NAIC Company Code		95453	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:																
1. Prior Year		15,546	183	13,712				1,651								
2. First Quarter		13,446	172	11,584				1,690								
3. Second Quarter		12,917	155	11,082				1,680								
4. Third Quarter		12,545	141	10,741				1,663								
5. Current Year		11,698	132	9,922				1,644								
6. Current Year Member Months		154,745	1,853	132,131				20,761								
Total Member Ambulatory Encounters for Year:																
7. Physician		46,871	848	39,305				6,718								
8. Non-Physician		18,140	327	15,163				2,650								
9. Total		65,011	1,175	54,468	0	0	0	9,368	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		2,293	6	1,975				312								
11. Number of Inpatient Admissions		645	2	556				87								
12. Health Premiums Written.....		39,445,441	567,603	32,673,183				6,204,655								
13. Life Premiums Direct		0														
14. Property/Casualty Premiums Written.....		0														
15. Health Premiums Earned.....		39,915,144	563,258	33,147,231				6,204,655								
16. Property/Casualty Premiums Earned.....		0														
17. Amount Paid for Provision of Health Care Services		35,620,335	426,537	30,414,879				4,778,919								
18. Amount Incurred for Provision of Health Care Services		35,383,671	510,218	29,297,528				5,575,925								

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2006							NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:														
1. Prior Year	15,546	183	13,712	0	0	0	1,651	0	0	0	0	0	0	
2. First Quarter	13,446	172	11,584	0	0	0	1,690	0	0	0	0	0	0	
3. Second Quarter	12,917	155	11,082	0	0	0	1,680	0	0	0	0	0	0	
4. Third Quarter	12,545	141	10,741	0	0	0	1,663	0	0	0	0	0	0	
5. Current Year	11,698	132	9,922	0	0	0	1,644	0	0	0	0	0	0	
6. Current Year Member Months	154,745	1,853	132,131	0	0	0	20,761	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	46,871	848	39,305	0	0	0	6,718	0	0	0	0	0	0	
8. Non-Physician	18,140	327	15,163	0	0	0	2,650	0	0	0	0	0	0	
9. Total	65,011	1,175	54,468	0	0	0	9,368	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,293	6	1,975	0	0	0	312	0	0	0	0	0	0	
11. Number of Inpatient Admissions	645	2	556	0	0	0	87	0	0	0	0	0	0	
12. Health Premiums Written.....	39,445,441	567,603	32,673,183	0	0	0	6,204,655	0	0	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	39,915,144	563,258	33,147,231	0	0	0	6,204,655	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	35,620,335	426,537	30,414,879	0	0	0	4,778,919	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	35,383,671	510,218	29,297,528	0	0	0	5,575,925	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

30.GT

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	1,251,834
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	(216,254)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	1,035,580
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	1,035,580
11. Total nonadmitted amounts	0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,035,580

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	749,388
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	(60,312)
5. Total profit (loss) on sale	0
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	689,076
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	689,076
12. Total nonadmitted amounts	0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	689,076

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	1,075,359	0	0	1,075,359	0
2. Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	(70,949)			(70,949)	
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	1,004,410	0	0	1,004,410	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,004,410	0	0	1,004,410	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,004,410	0	0	1,004,410	0
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

47

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums.....	484	486	685	410	333
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	100	318	563	587	525
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	9,846,436		9,846,436
2. Accident and health premiums due and unpaid (Line 13).....	322,769		322,769
3. Amounts recoverable from reinsurers (Line 14.1).....	100,197		100,197
4. Net credit for ceded reinsurance.....	XXX	100,197	100,197
5. All other admitted assets (Balance).....	1,395,598		1,395,598
6. Total assets (Line 26)	11,665,000	100,197	11,765,197
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	4,067,556	0	4,067,556
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	633,306		633,306
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	1,726,279		1,726,279
12. Total liabilities (Line 22).....	6,427,141	0	6,427,141
13. Total capital and surplus (Line 31).....	5,237,859	XXX	5,237,859
14. Total liabilities, capital and surplus (Line 32)	11,665,000	0	11,665,000
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	100,197		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	100,197		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payables/offsets	0		
25. Total net credit for ceded reinsurance	100,197		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

55

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
- 2. Will an actuarial opinion be filed by March 1?
- 3. Will the Risk-based Capital Report be filed with the NAIC by March 1?
- 4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Responses

.....YES.....
.....YES.....
.....YES.....
.....YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....
.....YES.....
.....YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
- 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
- 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
- 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
- 13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
.....NO.....
.....NO.....
.....NO.....
.....NO.....

APRIL FILING

- 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?
- 15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
- 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?


.....NO.....
.....NO.....
.....NO.....

EXPLANATION:

- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.


BAR CODE:

9.




9 5 4 5 3 2 0 0 6 3 6 0 5 9 0 0 0

10.




9 5 4 5 3 2 0 0 6 2 0 5 0 0 0 0 0

11.




9 5 4 5 3 2 0 0 6 2 0 7 0 0 0 0 0

12.




9 5 4 5 3 2 0 0 6 4 2 0 0 0 0 0 0

13.




9 5 4 5 3 2 0 0 6 3 6 5 5 9 0 0 0

14.




9 5 4 5 3 2 0 0 6 3 3 0 5 9 0 0 0

15.



9 5 4 5 3 2 0 0 6 2 1 1 5 9 0 0 0

16.



9 5 4 5 3 2 0 0 6 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS